How to Register for Recreation Programs

Fill out all five parts of this form carefully. Incomplete or inaccurate information will delay your registration. • New residents or changes in residency within the park district boundaries are required to provide proof (gas, electric or water bill, current tax bill, purchase agreement or lease. A Driver’s License is not acceptable proof of residency). • Registration confirmation is provided in the form of a receipt: you may choose email or printed receipt • This form covers all park district recreation programs, unless otherwise indicated. See General Registration Information for important registration information, refund and transfer policy, waitlist policy, etc.

1 Fill in information for head of household – please print clearly

Adult Registrant or Parent/Guardian Name

Address ____________________________________________ City _______________________________ Zip _____________________

Primary Phone (_________) __________________________________  Business Phone (_________) ___________________________________

E-mail ___________________________________________________________________________________

2 Fill in programs for each participant – please print clearly

<table>
<thead>
<tr>
<th>Class ID#</th>
<th>Program Name</th>
<th>Participant’s First &amp; Last Name</th>
<th>Sex</th>
<th>Birthdate</th>
<th>Grade</th>
<th>School</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

950000-A I would like to make a donation to the Glenview Park District Leisureship Fund in the amount of (fill in amount under “Fee”):

Total Fees – Include fees for first choice classes only.

Nonresident fees are generally 25% higher (unless otherwise indicated), up to a maximum of $100.

3 In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of this program:

☐ Check to indicate that participant(s) requires assistance from NSSRA.

4 Complete payment information (make checks payable to the Glenview Park District)

___ Visa ___ Mastercard ___ Discover ___ Cash ___ Check Card Holder (print name) ___________________________________________________________________________________

Card Number ____________________________ - __________ - __________ - __________ Amount of Payment ____________________________

Expiration Date ____________________________ Authorized Signature ______________________________________________________

5 Sign the waiver

PARTICIPATION WILL BE DENIED if signature of adult participant or parent/guardian and date are not on this waiver.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as “Glenview Park District”).

I do hereby fully release and forever discharge the Glenview Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as “Glenview Park District”).

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims as well as the general registration policies. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Participant or Parent [if participant is under 18 years] ________________________________ Date ________________________________

6 Return your form to the park district:

Park Center, 2400 Chestnut Ave., Glenview, Suite P, IL 60026 • Fax: (847) 657-6231. E-mail: registration@glenviewparks.org